



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER  <b>03-57</b>	2. STATE  <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 2, 2003</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 447.204</b>		7. FEDERAL BUDGET IMPACT: <b>a. FFY 10/02/03 - 9/30/04 \$91,875,000.</b> <b>b. FFY 10/01/04 - 9/30/05 \$38,875,000.</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Page 4(a)(vi), 4(a)(vii), 6(A)(ii), and 6(A)(iii)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-B, Page 4(a)(vi), 4(a)(vii), 6(A)(ii), and NEW page 6(A)(iii).</b>	
10. SUBJECT OF AMENDMENT: <b>Non-Institutional Services - Certified Home Health and Personal Care Services</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health, Corning Tower, Empire State Plaza, Room 1466, Albany, New York 12237</b>	
13. TYPED NAME: <b>Kathryn Kuhmcker</b>			
14. TITLE: <b>Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>October 16, 2003</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>DEC 30 2003</b>	
<b>TEAM APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVAL MATERIAL: <b>OCT 02 2003</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Sue Kelly</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:			

every certified health maintenance organization and every insurer licensed by the Superintendent of Insurance shall submit reports in such form and at such times as may be required to implement this demonstration.

### **Recruitment And Retention**

The Commissioner shall adjust medical assistance rates of payment for services provided by certified home health agencies for purposes of improving recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility in the following amounts for services provided on and after December [first, two thousand two] 1, 2002.

Rates of payment by governmental agencies for certified home health agency services (including services provided through contracts with licensed home care services agencies) shall be increased by three percent.

Providers, which have their rates adjusted for this purpose shall use such funds solely for the recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility. Providers are prohibited from using such funds for any other purpose.

The Commissioner is authorized to audit each provider to ensure compliance with this purpose and shall recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility.

In the case of services provided by providers through contracts with licensed home care services agencies, rate increases received by providers shall be reflected in either the fees paid or benefits or other supports provided to non-supervisory home care services workers or any worker with direct patient care responsibility of such contracted licensed home care services agencies and such fees, benefits or other supports shall be proportionate to the contracted volume of services attributable to each contracted agency. Such agencies shall submit to providers with which they contract written certifications attesting that such funds will be used solely for the purposes of recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility and shall maintain in their files expenditure plans specifying how such funds will be used for such purposes. The Commissioner is authorized to audit such agencies to ensure compliance with such certifications and expenditure plans and shall recoup any funds determined to have been used for purposes other than those set forth in this section.

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Supersedes TN **02-46** Effective Date OCT 02 2003

**Personal Care Agency - Insurance Demonstration**

The Commissioner of Health is authorized to establish one or more demonstration programs for the purpose of providing additional knowledge and experience in mechanisms to provide, maintain or subsidize health insurance coverage for uninsured and underinsured health care workers.

With respect to this demonstration, the Commissioner of Health may solicit and accept applications for participation in the demonstration program from an employer, or group of employers, of personal care workers, who are employed in cities and counties within the state which have populations in excess of one million persons, and whose employers provide services primarily to medical assistance recipients, if the following conditions are met: (a) at least fifty percent of the persons receiving services from such employers are recipients of medical assistance; (b) the employer contributes to a group health insurance plan or employer based group health plan on behalf of such employees; and (c) no benefits are provided under the group health insurance plan or employer based group health plan in excess of the benefits provided to the majority of hospital workers in the community in which the personal care workers are employed.

Payments made by governmental agencies for personal care agency services provided in the demonstration may include, in the aggregate, and on an annual basis, no more than \$58,000,000 provided however, that for the period October 2 through December 31, 2003, the amount will increase by \$ 105,000,000; and for annual periods on and after January 1, 2004, the amount of funding shall be no more than \$163,000,000 in the aggregate, which shall be distributed among providers of services approved to participate in this demonstration program to assure availability of comparable health insurance for their employees. Notwithstanding any inconsistent provision of law, such adjustments may be made to rates of payment or as aggregate payments to an eligible provider.

The Commissioner may modify the amounts made available for any specific annual period so long as the total amount made available for the period of the demonstration is not exceeded. The maximum period of the demonstration is January 1, 2000 through June 30, 2005.

The Commissioner of Health is authorized to require group health insurance plans and employer based group health plans to report to the Department, insofar as such reporting does not violate any provisions the Federal Employee Retirement Income Security Act (ERISA), at such times and in such manner as the Commissioner shall decide, any information needed to operate such a demonstration project, including but not limited to, the number of people in such plans who become ineligible each month for the continuation coverage described herein. In addition,

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**OFFICIAL**

New York  
6(A)(iii)

Attachment 4.19-B  
(10/03)

every certified health maintenance organization and every insurer licensed by the Superintendent of Insurance shall submit reports in such form and at such times as may be required to implement this demonstration.

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